CUREX
Bio Research

Site Augmentation in Clinical Trials

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How to 3x enrolment speed without adding 50 new sites

Site Augmentation:

Refers to a set of strategies and technologies used to:

- Increase effective capacity, speed, and performance of clinical trial sites
- Without necessarily adding new physical sites or significantly increasing site staff headcount.

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Why there is need of Site Augmentation?

Classic Problem:

40–50% of sites fail to enroll even a single patient

Average enrollment rate: ~0.8 patients /site/month

Median recruitment timeline: 18–30 months

Result → delays, budget overruns, missed milestones

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How does site augmentation works?

Strategies:

Strategy	Fully virtual sites
Telemedicine & eConsent	Replace/reduce on-site visits
Home health & mobile nurses	Bring trial to patient’s home
Wearables & remote sensors	Continuous data outside clinic
Direct-to-patient IMP	Ship drug straight to home
Local labs & imaging	Use Outsource labs or in centre labs
AI-driven patient finding	Mine EMRs & pre-screen in hour
Fully virtual sites	No physical site at all

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Why Patients & Sites Love It?

Patients

Fewer trips (or none)

Keep their job, family routine, caregivers

Especially critical for rare disease, pediatrics, elderly, rural

Sites

Less coordinator burnout

Higher enrolment = bigger site payments

Retain top investigators who hate administrative overload

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Risk	Mitigation
Regulatory acceptance	Follow FDA 2023 DCT Guidance & EU CTR Annex VI
Data quality & SDV	Risk-based monitoring + eSource
Drug accountability at home	Temperature monitors, photo confirmation apps
Digital divide	Offer hybrid options + devices/tablets on loan
Higher upfront tech cost	Offset by 30–50% faster enrollment

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Curex Bioresearch’s Site Augmentation Framework is built on four pillars:

- Precision Patient Finding
- Patient-Centric Execution
- Seamless Direct-to-Patient Logistics
- Risk-Based & Centralized Monitoring

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Let your best sites
do the heavy lifting.

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